

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|--|--|------------------------|--|--|--------------------|--|--|------------------------|--|--|-------------------|--------------------|--|------------------------|-------------------------|--|----------------|------------------|--|----------------|---------|--|---------|---------|--|-----------------------|-----------|--|-----------------|----|--|----|--|--|----|--|--|----|--|--|----|--|--|-----|--|--|----|--|--|----|--|--|
| 1 | | | | | | | | | | | | | 2 | | 3 PATIENT CONTROL NO. | | | 4 TYPE OF BILL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 3 | | | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 5 FED TAX NO. | | | 6 STATEMENT PERIOD FROM | | | 7 COV D. THROUGH | | | 8 N.CO. | | | 9 C-ID. | | | 10 L-R.D. | | | 11 | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 PATIENT NAME | | | | | | | | | | | | | 13 PATIENT ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 BIRTHDATE | | | 15 SEX | | | 16 MS | | | 17 DATE | | | 18 HR | | | 19 TYPE | | | 20 SRC | | | 21 D JR | | | 22 STAT | | | 23 MEDICAL RECORD NO. | | | CONDITION CODES | | | 31 | | | | | | | | | | | | | | | | | | | | |
| 14 | | | 15 | | | 16 | | | 17 | | | 18 | | | 19 | | | 20 | | | 21 | | | 22 | | | 23 | | | 24 | | | 25 | | | 26 | | | 27 | | | 28 | | | 29 | | | 30 | | | 31 | | |
| 32 | | | OCCURRENCE | | | 33 OCCURRENCE | | | 34 OCCURRENCE | | | 35 OCCURRENCE | | | 36 OCCURRENCE SPAN | | | 37 A | | | 37 B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CODE | | | DATE | | | DATE | | | DATE | | | CODE | | | DATE | | | CODE | | | FROM | | | THROUGH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 | | | 33 | | | 34 | | | 35 | | | 36 | | | 37 | | | 38 | | | 39 | | | 40 | | | 41 | | | 42 | | | 43 | | | 44 | | | 45 | | | 46 | | | 47 | | | 48 | | | 49 | | |
| 42 REV. CO. | | | 43 DESCRIPTION | | | 44 HCPCS/RATES | | | 45 SERV. DATE | | | 46 SERV UNITS | | | 47 TOTAL CHARGES | | | 48 CHARGES | | | 49 NON-COVERED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | | | 43 | | | 44 | | | 45 | | | 46 | | | 47 | | | 48 | | | 49 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 PAYER | | | 51 PROVIDER NO. | | | 52 REL | | | 53 ASO | | | 54 PRIOR PAYMENTS | | | 55 EST. AMOUNT DUE | | | 56 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57 | | | | | | DUE FROM PATIENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58 INSURED'S NAME | | | 59 P. REL | | | 60 CERT. SSN. | | | 61 HIC. ID NO. | | | 62 GROUP NAME | | | 63 INSURANCE GROUP NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58 | | | 59 | | | 60 | | | 61 | | | 62 | | | 63 | | | 64 | | | 65 | | | 66 | | | 67 | | | 68 | | | 69 | | | 70 | | | 71 | | | 72 | | | 73 | | | 74 | | | 75 | | |
| 63 TREATMENT AUTHORIZATION CODES | | | 64 ESC | | | 65 EMPLOYER NAME | | | 66 EMPLOYER LOCATION | | | 67 E-CODE | | | 68 | | | 69 | | | 70 | | | 71 | | | 72 | | | 73 | | | 74 | | | 75 | | | 76 | | | 77 | | | 78 | | | | | | | | |
| 63 | | | 64 | | | 65 | | | 66 | | | 67 | | | 68 | | | 69 | | | 70 | | | 71 | | | 72 | | | 73 | | | 74 | | | 75 | | | 76 | | | 77 | | | 78 | | | | | | | | |
| 67 PRIN.DIAG.CO. | | | 68 CODE | | | 69 CODE | | | 70 CODE | | | 71 CODE | | | 72 CODE | | | 73 CODE | | | 74 CODE | | | 75 CODE | | | 76 ADM.DIAG.CO. | | | 77 E-CODE | | | 78 | | | | | | | | | | | | | | | | | | | | |
| 67 | | | 68 | | | 69 | | | 70 | | | 71 | | | 72 | | | 73 | | | 74 | | | 75 | | | 76 | | | 77 | | | 78 | | | | | | | | | | | | | | | | | | | | |
| 79 P.C. | | | 80 PRINCIPAL PROCEDURE | | | 81 OTHER PROCEDURE | | | 82 ATTENDING PHYS. ID. | | | 83 | | | 84 | | | 85 | | | 86 | | | 87 | | | 88 | | | 89 | | | 90 | | | 91 | | | 92 | | | 93 | | | 94 | | | | | | | | |
| 79 | | | 80 | | | 81 | | | 82 | | | 83 | | | 84 | | | 85 | | | 86 | | | 87 | | | 88 | | | 89 | | | 90 | | | 91 | | | 92 | | | 93 | | | 94 | | | | | | | | |
| 84 REMARKS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 84 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85 PROVIDER REPRESENTATIVE | | | 86 | | | 87 | | | 88 | | | 89 | | | 90 | | | 91 | | | 92 | | | 93 | | | 94 | | | 95 | | | 96 | | | 97 | | | 98 | | | 99 | | | 100 | | | | | | | | |
| 85 | | | 86 | | | 87 | | | 88 | | | 89 | | | 90 | | | 91 | | | 92 | | | 93 | | | 94 | | | 95 | | | 96 | | | 97 | | | 98 | | | 99 | | | 100 | | | | | | | | |

FIGURE 1A



FIG. 1B

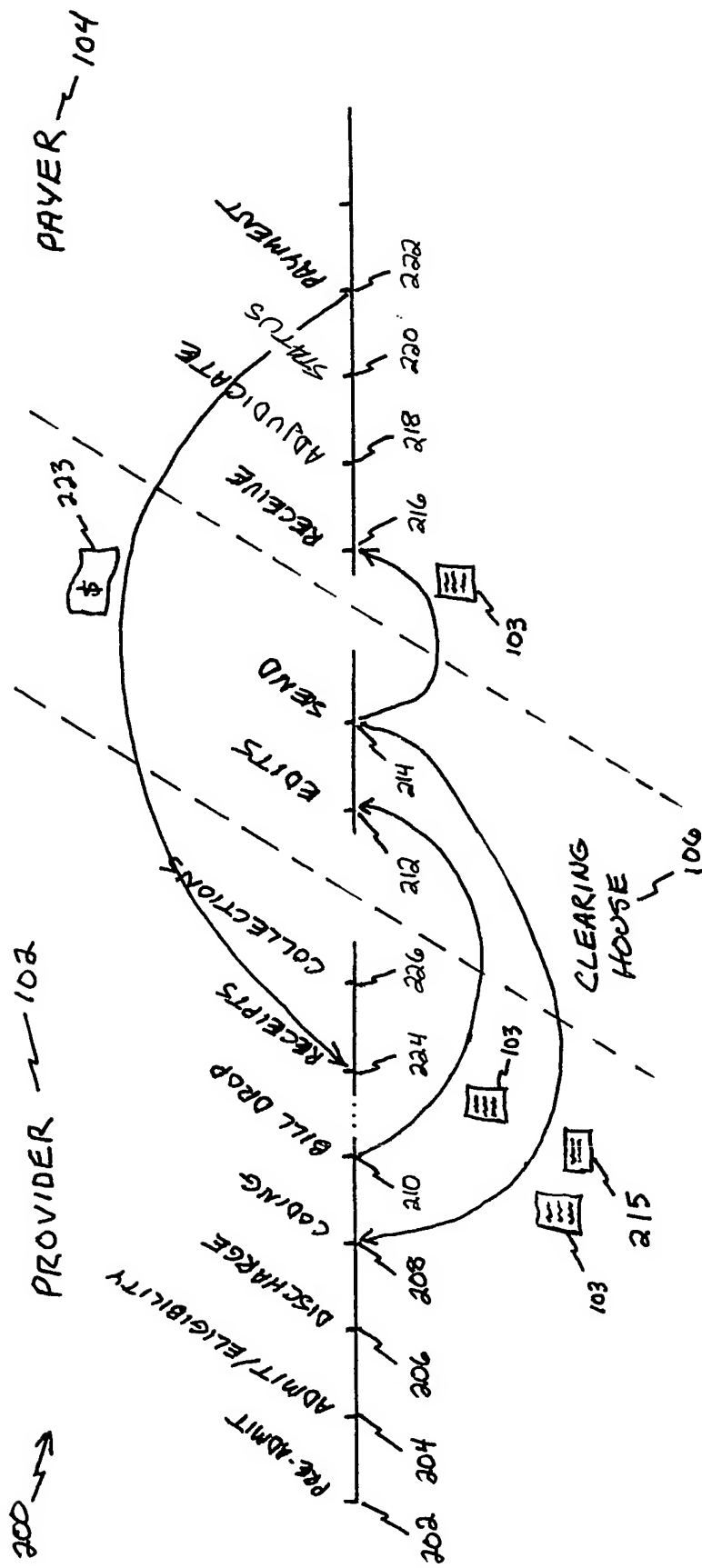


FIG. 2

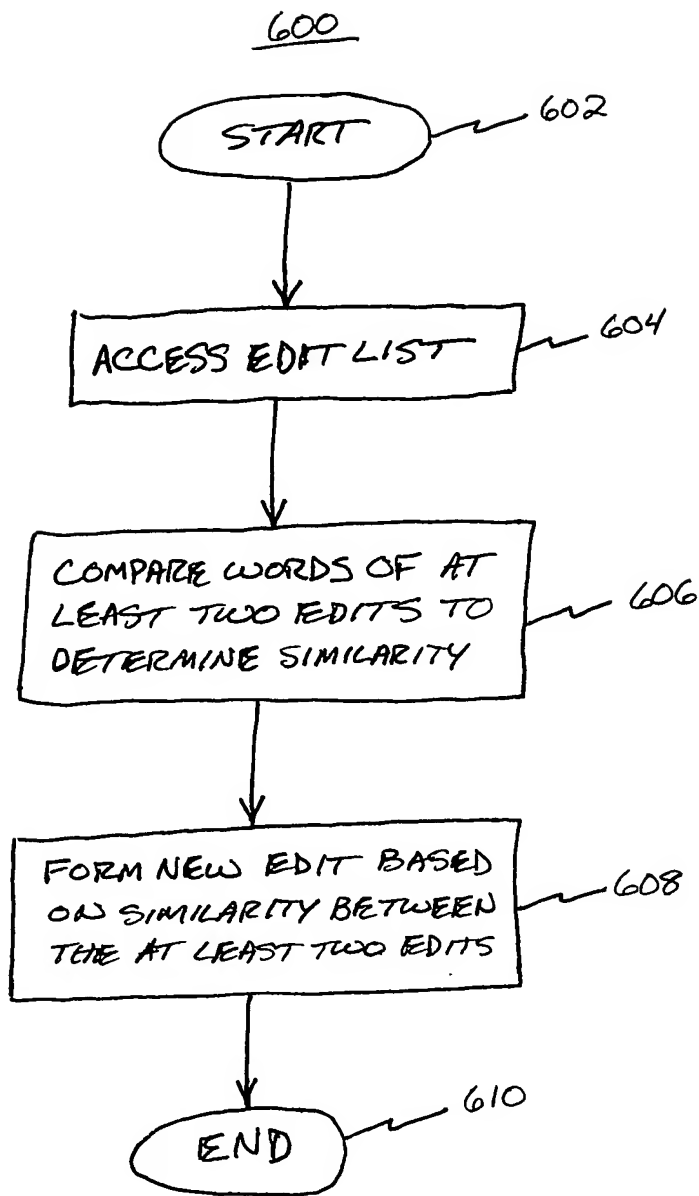
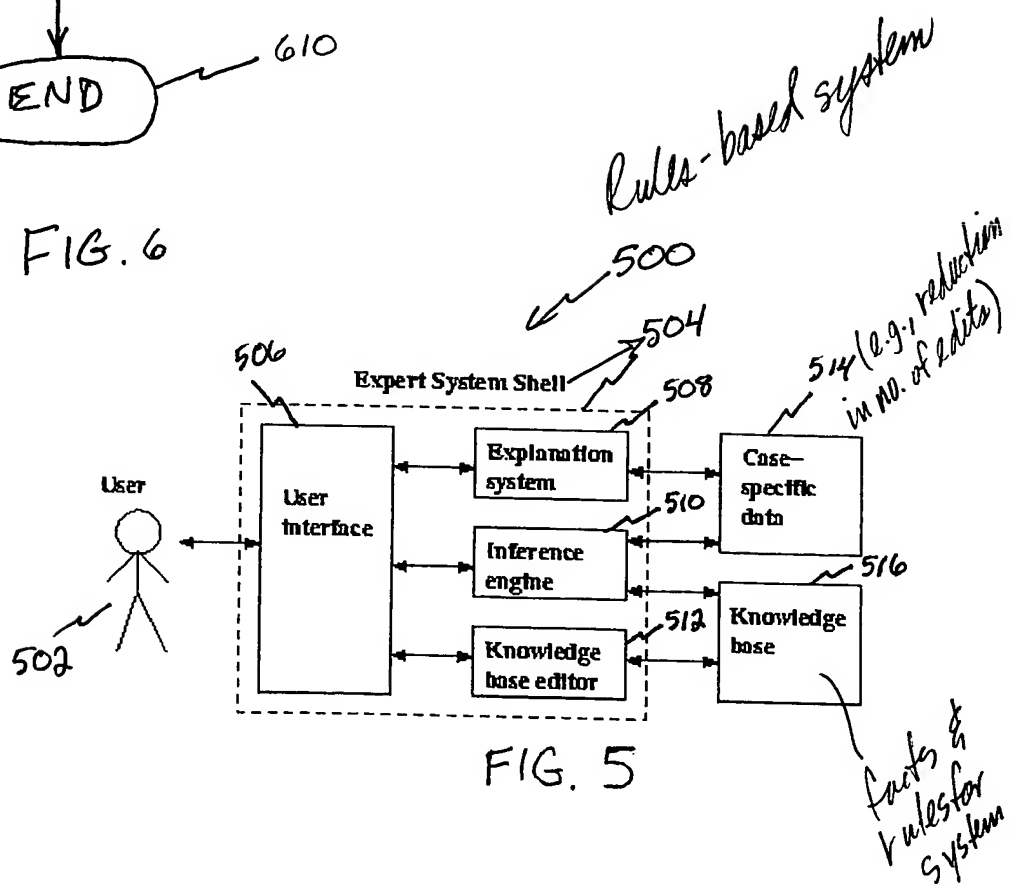


FIG. 6



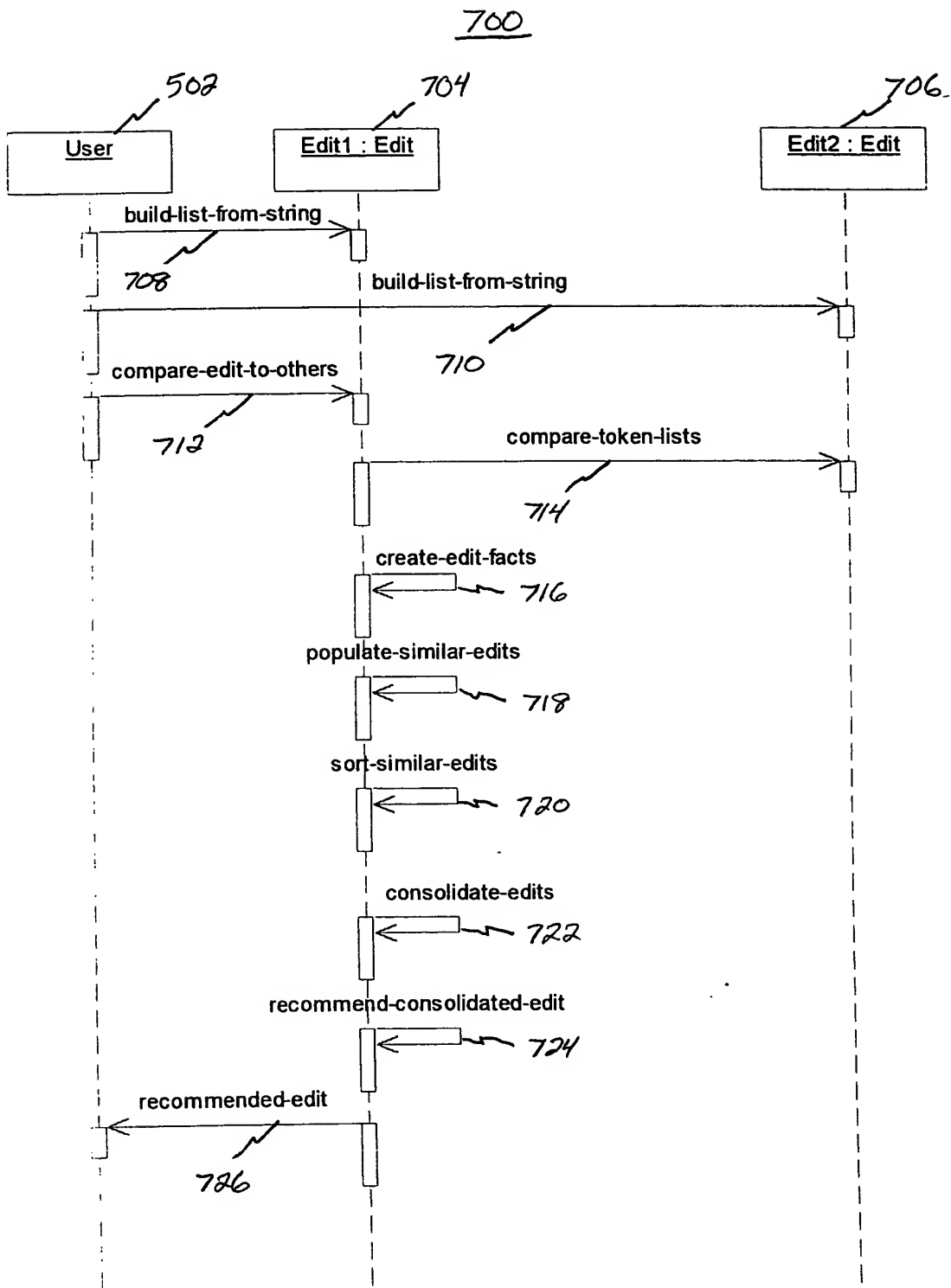


FIGURE 7

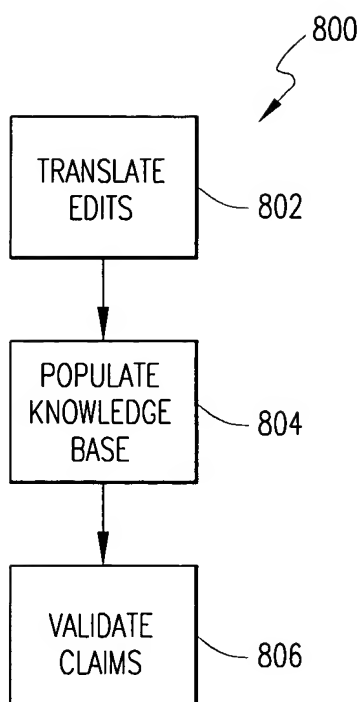


FIG. 8

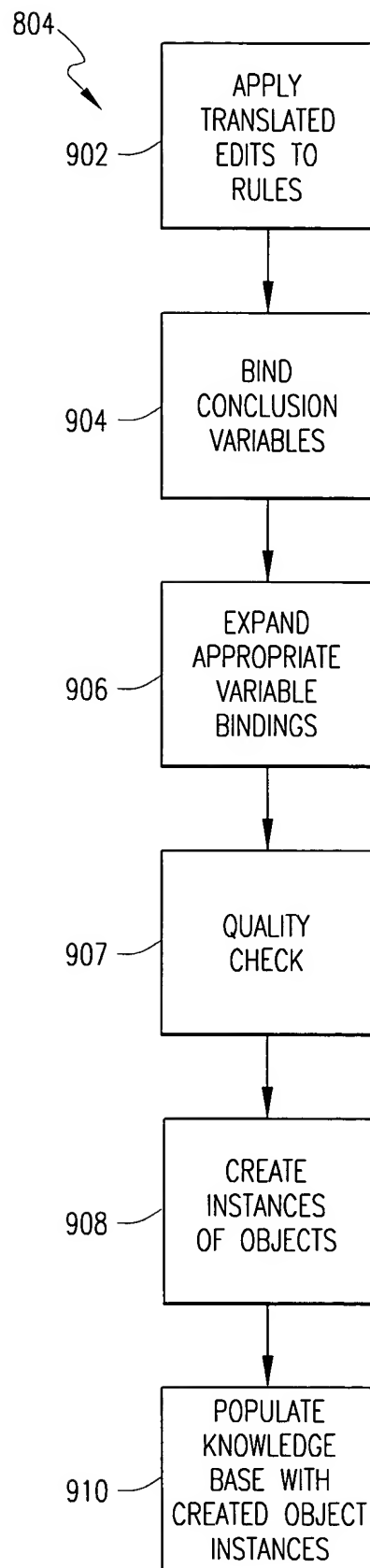


FIG. 9